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OFFICE OF HEALTH

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BACKGROUND AND PROGRAM DESCRIPTION

A. Agency Policy for the Health Sector

The following is a summary of the Agency Health Sector Policy Paper which was issued in March 1980.

Introduction

U. S. assistance to improve health in developing countries is an important concomitant of our commitment to help meet basic needs throughout the world. Our basic needs policy acknowledges each individual's right to a minimum standard of living, and recognizes that poverty, social inequity, ill health, and ignorance jeopardize the political and social stability of nations. A.I.D. is the principal U. S. government agency providing health assistance to developing countries. A.I.D.'s health policy reflects commitments made at the 1978 World Health Assembly, the 1978 UN-sponsored Conference on Primary Health Care at Alma Ata, USSR, and the 1976 UN Water Conference in Mar del Plata, Argentine. A.I.D. accords highest priority to programs designed to provide basic primary health care to those most affected by ill-health: children under five and women in their childbearing years, especially in rural areas.

Current Health Situation in Developing Countries

Hundreds of millions of people in the world today suffer from poor health. On average, life expectancy at birth in developing countries is 51 years, and in some countries falls as low as 37 years. Roughly half of all deaths are among children under five years of age. The principal causes of infant and early childhood mortality are common diarrhea and respiratory illness, malnutrition, and infections diseases such as measles, tetanus and polio. It is clear that numerous, closely-spaced births are significant health hazards for children as well as their mothers.

Parasitic and other tropical diseases - notably malaria, schistosomiasis (snail fever) and onchocerciasis (river blindness) are also major causes of death and disability in the developing world. Malaria is prevalent on every continent, though 80 percent of the approximately 150 million people currently infected live on the African continent. Furthermore, despite campaigns in the 1960s to eliminate the

disease in Asia and Latin America, malaria has had a resurgence in those regions in recent years. Between 250 and 350 million people are believed infected with schistosomiasis, and somewhere between 800 million to 2 billion people are considered at risk of infection. Onchocerciasis afflicts some 30 million people worldwide, though principally in Africa.

A.I.D.'s Focus and Rationale

Programs that improve health are investments in the human capital of developing countries. Health status affects not only the individual's productivity but also the overall quality of life. A.I.D.'s health policy is premised on the belief that promoting a fair distribution of basic health services among all ethnic and socio-economic groups is a vital element of its overall commitment to efforts to promote growth with equity.

Poor health in developing countries has many causes: inadequate and erratic harvests and poor marketing and storage facilities that contribute to malnutrition; environments infested with disease vectors; polluted water and poor sanitary conditions that facilitate the transmission of disease; high fertility that may weaken both mothers and their children; ignorance of the causes of poor health and the means to improve health; inadequate and inequitable distribution of health services; and poverty that leaves people unable to purchase whatever health-related goods and services that are available.

A.I.D.'s strategy for improving the health of the poor majority in poor countries stresses four key components of an effective health sector: broad, community-oriented networks to provide low-cost primary health care services including maternal and child health, nutrition, and family planning; improved water and sanitation; selected disease control; and health planning. While all low components are an integral part of A.I.D.'s primary health care strategy, the agency accords highest priority to the first, namely: low-cost primary health care services, including maternal and child health nutrition and family planning.

1. Primary Health Care

Primary health care is the most comprehensive, cost-effective approach to improving health conditions in developing countries, and improving primary health care services will continue to be A.I.D.'s first health sector priority. The program "mix" may vary given the context, but in general A.I.D. favors locally sustainable health care programs that include the following elements:

- prenatal, obstetrical, and post-partum care;
- family planning information and services;
- immunizations for childhood and certain other diseases;
- basic medicines (oral rehydration, eye ointments, etc.);
- first aid
- health education on nutrition, oral rehydration and hygiene/sanitation and such harmful practices as female genital mutilation;
- collection, analysis, and use of baseline and service data for program planning and evaluation.

A.I.D. supports the use of community level outreach workers (including trained traditional practitioners), backed by a cadre of more thoroughly trained nurses, physicians and specialists. Multi-purpose workers are generally preferred for the comprehensive treatment they can offer, though the use of specialized workers (in immunization and family planning, for example) may be warranted in certain circumstances.

A.I.D. will generally finance:

- training
- health education materials
- planning and evaluation
- key commodities
- administrative and logistics support
- research

With regard to financing primary health care, A.I.D. will usually use foreign exchange to finance inputs needed to meet some of the initial investment costs of health projects, and will expect most governments to provide local currency for the remaining investment costs and for the project's recurring costs. In circumstances when resources are unusually scarce, A.I.D. may finance some recurrent costs, but there must be explicit plans for gradual withdrawal of A.I.D. financing in favor of local funding.

Water and Sanitation

Water related diseases are a major source of morbidity and mortality in developing countries, where about three-quarters of the population lack access to safe water and adequate means of human waste disposal.

A.I.D. supports water and sanitation programs under the following conditions:

- technology that is cost effective, geared to local circumstances, and can be maintained primarily by the local community;
- trained manpower at all levels;
- adequate administrative, fiscal and management capacity at the national level;
- sufficient support by national authorities;
- standardization of designs and equipment and collaboration among donors to avoid proliferation of diverse equipment standards and designs;
- application of the WHO Drinking Water Standards as a goal for water quality;
- genuine community participation in all aspects of programs through health education and community committees.

A.I.D. will consider for financing:

- support for system construction or rehabilitation
- education in hygiene and public health
- training
- institutional development and technical assistance
- support for local manufacture of hardware.

Recurrent costs are a major concern, and financing systems should promote self-reliance over the long term.

Disease Control

The magnitude of communicable disease problems in developing countries far exceeds the means of individual LDCs or donor agencies to deal with them. A.I.D. favors the inclusion of basic immunizations in primary health care programs and acknowledges the need for special and separate control programs where safe, practical, cost-effective technologies exist. Non-health sector activities should be designed to discourage the transmission of diseases.

Malaria: A.I.D. will continue its long-standing support for malaria research and control programs. A.I.D. will finance training, commodities, applied field research, and health education.

Schistosomiasis: A.I.D. will pursue research and development activities to determine the most cost-effective means of controlling schistosomiasis. Support may include technical assistance in the design of schistosomiasis control programs, environmental modifications, health and sanitary education, training, commodities, and support for multi-donor activities in schistosomiasis research and control.

Onchocerciasis: The Agency will fund research and development projects to determine cost-effective onchocerciasis control methods, and under special conditions experimental control programs.

Health Planning

The purpose of health planning is to allocate available resources efficiently and equitably so as to improve the health of the population to the maximum extent possible. A.I.D. encourages analysis of the multisectoral causes of poor health and supports efforts to institutionalize health planning in health ministries, planning commissions or wherever appropriate.

A.I.D. support for health planning may include:

- training
- technical assistance
- special studies to identify program interventions in the areas of health, education, nutrition, etc., that offer the greatest potential for improving health conditions.

Health as Part of Integrated Development

A.I.D. strongly supports program planning and project design that take into account the linkages and interdependence of health status with conditions in other development sectors, especially nutrition, population, education, and agriculture. For example, the Agency endorses the inclusion of nutrition interventions (promotion of breast feeding, nutrition planning, surveillance, and rehabilitation, garden projects, etc.) as part of primary health care programs. Given the links between population growth, health status, and development, A.I.D. strongly endorses not only the provision of family planning information and services, as part of a basic health strategy, but support for policies and programs that promote desire for smaller families, more equitable income distribution, and improvements in women's education and employment opportunities. Consideration is also given to the interaction between agricultural development and health.

B. DS/HEA Strategy

The Office of Health strategy emphasizes the four major fields of activity identified in the Agency Health Sector Policy Paper. These are: (1) Health Delivery Systems, (2) Health Policy Planning and Management, (3) Community Water Supply and Sanitation, and (4) Disease Control. During the past year, the Agency has reached a consensus on a health strategy. The policy paper reaffirms primary health care as the top priority in the sector. The structure of the program which we proposed for FY 82 reflected some important changes, both in the actual situation and in our understanding of current problems in planning. designing and implementing primary health care programs.

In health delivery systems, several years of Agency experience have focussed attention on some key problems which need to be addressed for improved design and implementation of primary health care systems. The areas identified are: alternative mechanisms and sources for financing health care, the role of community health workers and concomitant referral and back-up systems, management systems and techniques. and the role of the private sector in provision of primary health care.

Similarly, in the health policy planning and management area, the needs of the field missions have shifted from the broad gauged sector analyses which were done in the past to smaller scale, more focussed study of specific areas in the planning for and management of primary health care efforts. In policy planning, the key problem in many LDCs is more effective allocation of resources to move toward stated goals in the provision of primary health care. While most governments have subscribed to the theory of providing primary health care, the necessary reallocation of resources remains a problem. In management, more emphasis must be placed on finding effective management mechanisms for the entire chain of primary health care delivery. That is, mechanisms for effective supervision of health workers, control and use of commodities including pharamaceuticals, and effective management of referral services all the way down to the level of the village health worker must be improved.

In water supply and sanitation, given the limited level of U.S. financial resources for the water decade, we must emphasize areas in which the U.S. has a comparative advantage, such as training, appropriate technology, institution building, and policy development.

In disease control, the research to find better methods must have a high priority, but we need to increase efforts to integrate the best control and treatment measures presently available into primary health care delivery systems.

In our FY 1982 program, we had proposed several new projects to address these problems. Because of limited funding and staffing, we will not be able to go forward with planned projects for increasing LDC policymakers' awareness of the need for, and advantages of, primary health care programs and for stimulating private sector involvement in primary health care programs. It

has also been necessary to scale down our plans for new activities in health management and the disease control component of primary health care programs.

We are, however, proceeding with a new project for operations research (to begin in FY 1981 or FY 1982) which will expand our capacity to carry out carefully selected operations research studies, to address the specific problem areas in the delivery of primary health care services.

In Planning and Mangement, we have abandoned the broad gauged sector analyses and are concentrating on micro-planning and improved management.

In Water Supply and Sanitation, we are concentrating on identified areas wnere the U.S. has relative strength and trying to integrate these U.S. technical resources with the larger financial resources of other donors, such as the IBRD.

C. General Structure of the Proposed Program

The role of the Office of Health in supporting mission programs is reflected both in the allocation of nearly 35% of the time of DS/HEA's technical professionals for direct assistance to the regional bureaus and missions and in the composition of the project portfolio.

In general, the DS/HEA program is designed to support Agency policy and Mission needs in analysis of country problems and formulation of responses to those problems. The portfolio of projects can be roughly divided into three categories, although several projects cut across more than one category. The first category, which provides immediate benefit to Mission and LDC governments, is provision of direct technical assistance to field missions. In this category are projects such as WASH in the water and sanitation area, ADSS and the new PHC Systems Application Project in health delivery systems, and the CDC/AID health initiative. These projects are designed to provide missions with rapid access to technical resources for problem analysis, project design, implementation, and evaluation. The contracts under these projects can provide highly specialized technical inputs for short-term assistance. A second category might be characterized as indirect field support. These are projects which will benefit Mission programs in the medium term by improving the Agency's knowledge about development processes and about the current state of the art in various health programs. Many of these projects will involve field activities and, therefore, particular missions and countries will receive more immediate benefits As an example, the primary purpose of the health delivery systems project in Lampang, Thailand was, from the point of view of a central technical office, to learn more about the efficiency and effectiveness of various health delivery systems and mechanisms, lessons with worldwide application. From the point of view of the Thai government, however, there was an immmediate benefit in terms of improved health care for people in Lampang Province and better knowledge on which to base an expansion of health services into 20 other provinces. Projects in our proposed FY 83 program, which fall into this category, are Health Development Planning, Operations Research, Comprehensive

Vector Control, and, to some extent, PHC Systems Applications. The third category is research projects in which the payoff for field activities will be furtner down the road and will depend on the success of the research effort. The payoff from these projects, while less immediate, is potentially immense. The impact on health status in the developing world of, for instance, a successful malaria vaccine could be profound. In addition to Malaria Vaccine, this category includes the TDR and ICDDR/B.

D. Description by Major Fields of Activity

1. Health Delivery Systems

The group of projects in this field are the ones most directly affected by, and responsive to, the Agency's emphasis on Primary Health Care (PHC). In fact, past Agency activities in this area have been a major factor in formulating and stimulating adoption of the PHC approach and refining techniques necessary for delivery of affordable health care. The strategy which forms this group of activities involves maintaining the momentum of PHC, providing technical advisory services which embody the lessons learned over the past six to ten years in low cost delivery of health services, and exploring further issues which have emerged as a result of past experience

The MEDEX project will terminate in FY 1983 with the publication and dissemination of the materials developed and tested over the past eight years. The PHC Systems Applications Project, will provide training and technical assistance in use of the materials developed under previous projects for PHC programs. Technical services will continue to be provided by a contractor under the ADSS project and through five IQCs managed by DS/HEA. Additional technical services related specifically to disease control elements of primary health care programs will be provided through a RSSA with the CDC.

Although the Agency has had considerable experience by now in designing and implementing PHC systems, it has become clear that there are many gaps in our knowledge and that of other donors and LDC governments about the economic, social, pharmaceutical, organizational, and managerial aspects of PHC systems. Filling these gaps will enhance the ability to design the right system for particular situations, evaluate and understand the shortcomings of operating systems, and modify them for better efficiency. Several key PHC problems are identified in the Health Strategy Paper as subjects for AID sponsored operational and applied research. Among these are: alternative delivery mechanisms, cost/effectiveness of systems, financing alternatives, effective management and referral structures, influence of socio-economic conditions, and the influence of development activities in other than the health sector.

We will continue in our FY 83 program to have several mechanisms to address these issues. The mechanism used will depend on the duration, cost, and character of the study needed for each problem. In the past, short-term studies which involved little or no field work, but were more involved with analyzing and synthesizing existing data and experience were handled under the

ADSS project, or the OIH RSSA. Since neither of these projects will retain the capacity for such studies in FY 83, we propose limited use of the Bureau's Small Activities project to maintain some of this function. Some selected studies may also be possible under the PHC Systems Application project. More in-depth studies, or those which require field research will be handled under the Operations Research Project. We do not plan to undertake large, independent field activities under this project but foresee building study elements onto existing or planned operational programs. Limited funds will also be available under the Operations Research for a series of small studies to address well defined, discrete, issues which do not require field research, and to synthesize lessons from several studies into meaningful policy guidance.

2. Health Policy Planning and Management

Both the Agency's needs and the philosophy in this field have shifted during the past few years. The emphasis in the past has been on broad scale sector analyses, macro planning, and training of LDC health planners at U.S. universities.

We now feel that a new set of planning and management problems must be dealt with to improve the capability of A.I.D. and host country ministries to design and implement primary health care programs. One very clear perception from the reviews of ABS during the past few years and subsequent discussions with regional bureaus is that there is an immediate need for better methods and guidance in micro planning and in management of primary health care systems. Although nearly all LDC governments have subscribed to the declaration of Alma Ata and to the concept of providing health for all by the year 2000, it is obvious that either increasing the government resources devoted to the health sector or shifting resources away from urban hospital, medical facilities to rural facilities will be difficult in most LDCs. It has also become apparent over the past few years that there are definite weaknesses in our past approach of relying on U.S. institutuons to provide all or most of the training for LDC health planners.

The Health Development Planning Project began in FY 81 with funding of five planning grants for U.S. and LDC institutions. These institutions are working out collaborative proposals for the establishment and operation of health planning and management training in LDC locations. By FY 83, two LDC institutions should be established with the capability to: train health planners and managers, design and carry out training programs in health planning for planners from other sectors, provide technical assistance to planning ministries, ministries of health and other planning and implementing organizations, and conduct small field research projects to address country or region specific problems in health services delivery. In FY 1983, we plan to continue the RSSA with the Office of International Health (OIH) but on a much smaller scale than in the past. The RSSA will continue access to HHS technical services to support short term project design, operation, and evaluation needs.

In last year's ABS, we proposed a $3.0 million, three-year, Health Management project which we hoped to develop during FY 1980 and FY 1981. As a first step toward developing this project, we convened a series of meetings where specific country experiences were presented and discussed by A.I.D. health staff and an outside expert. While confronting the problem, these meetings did not yield sufficient guidance to form the strategic basis of a general health management project. We have, therefore, narrowed the focus to address discrete primary health care operational problems where solutions exist and where known principles can be applied across a variety of country settings with only minimal adaptation for each country. We plan our first effort in the design and management of pharmaceutical distribution systems, Here we are considering the use of the Bureau's Small Activity funding mechanism to the support a multi donor and private sector activity that would design curricula, train trainers, and carry out training sessions in LDCs to improve drug distribution systems. It is our intention to continue to look for opportunities to address discrete problem areas in health management for LDC programs. Such experiences may lead eventually to the design of a more comprehensive health management project.

3. Water Supply and Sanitation

A water and sanitation policy paper was drafted in 1980 but has not yet been approved by the Administrator. The International Decade for Water and Sanitation began officially in November 1980 with an inauguration ceremony at the United Nations Headquarters. Although the U.S. Government has supported the goals of the Water and Sanitation Decade in many international fora, actual AID funding for water and sanitation programs over the next few years looks even more uncertain than it did last year.

While large increases in A.I.D. funding to support the U.N. Drinking Water Decade, at least in the first few years of the 1980's, do not seem probable, it should be kept in mind that total Agency funding for water supply and sanitation was $75.6 million in FY 1980; $238.2 million is planned for FY 1981, and $165.1 million is requested in FY 1982. Even if these levels do not increase significantly, there is a clear need for increased technical resources to design and manage A.I.D.'s investment. This is especially true if the focus of A.I.D.'s water and sanitation investment is shifted increasingly away from large scale, urban, engineering programs to small scale dispersed rural projects which require more attention to ancillary activities such as training personnel for management and maintenance of the facilities, hygiene education for recipients, and development or adaptation of low-cost technologies suitable for local manufacture.

In last year's ABS reviews, the Agency accepted our strategy of concentrating our water and sanitation resources in areas where the U.S. has relative strength and integrating these U.S. technical resources with the larger financial resources of other donors. the IBRD has indicated that they would welcome this kind of a relationship with A.I.D. in the water and sanitation area. We are proposing only two projects in WS & S and attempting to address appropriate technology issues through the Water and Sanitation for Health (WASH) contractor.

The contract under the WASH project provides for direct technical services to the missions for project design, implementation, and evalutation. Assistance covers social and economic as well as engineering aspects of water and sanitation programs. Further support is provided through information services, including gathering, synthesizing and disseminating state-of-the-art information needed by project designers and administrators.

Also under the WASH project, a limited number of selected water and sanitation devices will be field tested in LDC settings. The tests will include, suitability for local manufacture, installation, operation, and maintenance requirements and suitability for various social, economic, and cultural settings.

A.I.D. the World Bank and other donors agree that the lack of resources in the LDCs for continued operation and maintenance of water supply and sanitation projects is one of the main impediments to development in this sector. This problem was also highlighted in the recent GAO draft report on Water Supply Assistance to Developing Countries. To deal with the problem, the proposed new Water and Sanitation training project will provide assistance in curriculum development and methods of competency based training for all levels of LDC personnel needed to operate and maintain water and sanitation programs.

4. Disease Control

DS/HEA's major budget emphasis in this area will continue to be on research programs. Support for the WHO's Special Programme for Research and Training in Tropical Diseases (TDR), The International Center for Diarrheal Diseases Research/Bangladesh (ICCDR/B) and the research network for Malaria Immunity and Vaccination will be major components of the FY 1983 budget. In the area of field or applied research, a new project for field research on comprehensive methods for vector control will begin in FY 1981. Recent concerns for protection of the environment, the unavailability of newer insecticides which are biodegradable, and the increasing evidence that malaria vectors are becoming resistant to available insecticides require the development of a comprehensive approach which combines the limited use of selected insecticides with other methods such as source reduction, larviciding, space spraying. and biological control

As previously mentioned in the section on Primary Health Care Delivery Systems, the scaled down CDC project will provide a resource for expert technical assistance to incorporate specific disease control and treatment measures into PHC programs and to strengthen selected vertical disease control programs where appropriate and recommended by missions and LDC government.

EXPLANATION OF DS/HEA ALTERNATIVE FUNDING LEVELS

MINIMUM PACKAGE

The minimum package includes five projects for which contracts or grants are already in effect, four projects for which FY 81 or FY 82 starts are planned, and one project which although new in FY 1983, will be a follow on activity to the current MEDEX program.

The $3 million of Malaria Immunity and Vaccination is a minimum amount to continue the various lines of research being pursued by the ten member institutions in the network. This level will not allow us the flexibility to pursue some of the new techniques in vaccine development.

The $2.5 million of the WASH project will meet part of the demand for water and sanitation technical assistance. We are requesting regional bureau contributions to the WASH project totalling about $1.5 million to fully meet the anticipated demand for T.A. services.

The $1.8 million shown for Health Development Planning is our best estimate of the amounts required to maintain the two country activities which will begin late in FY 1981.

The $800,000 shown for Accelerated Delivery Systems Support represents a reduction in the core services (e.g., workshops and special studies) under this contract, and an expectation that regional bureaus will continue to contribute funding to support part of the technical assistance advisory services being provided by the contractor.

The funding level for the ICDDR/B represents the fifth year funding for a six year grant agreement signed in FY 1979.

The $2.0 million in the minimum package for the Special Programme for Research and Training in Tropical Diseases (TDR) is a minimum acceptable level. In 1978, The U.S. Government pledged to support the TDR with $20.3 million over a five year period, subject to satisfactory performance of the TDR, and availability of funds, and to a stipulation that the U.S. contribution not exceed 25% of the TDRs operating budget in any one year. Although TDRs performance has been good, and their operating budget has ranged from $24 million to $26 million over the past few years, funds have not been available to maintain the five year schedule. By the end of FY 1982, the fifth year of funding, we will have contributed $14.5 million. Contributions of $3.0 million in each of FYs 1983 and 1984 would bring the total to $20.3 million. We feel that a FY 83 U.S. contribution below the $2.0 million minimum might give the impression that the U.S. no longer fully supports this program, and could have adverse effects on the donor contributions.

The $800,000 requested for Comprehensive Vector Control, will support two field programs to test comprehensive approaches, and two field trials for promising new techniques of vector control

The $1.0 million for the Communicable Disease Initiative represents our best estimate of demand for the Center for Disease Control (CDC) technical assistance under a RSSA proposed to begin in FY 1981.

CURRENT

Two projects would be added at the current level. The Water and Sanitation Training project would provide a mechanism for training the LDC manpower needed to support A.I.D., other donor, and LDC government rural water and sanitation programs.

The Office of International Health Support Project would maintain the linkage necessary to draw upon the technical skills of personnel from the Department of Health and Human Services to serve missions' technical assistance requirements, but would not provide salaries for any core staff.

PROPOSED

The proposed level would provide additional increments of funding for two projects. The additional $1.0 million for TDR would allow us to maintain a more even pattern of contributions, and to fulfill our $20.5 million pledge by FY 1984. The additional $500,000 for Malaria Immunity and Vaccine Research would allow us to move more quickly into some of the newest technologies available for vaccine research, and possibly, shorten the time needed to produce a malaria vaccine for human use.

TABLE III - PROJECT OBLIGATIONS BY APPROPRIATION ACCOUNT
FY 1981 TO FY 1983 ($ THOUSANDS)

OFFICE: DS/HEA

APPROPRIATION ACCOUNT - HE

PROJECT#	PROJECT TITLE	FY 1981 OYB-REVISED	FY 1982 REVISED	FY_83 MINIMUM	FY_83 CURRENT	FY_83 PROPOSED	Page #
931-0067.	OFFICE OF INTERNATIONAL HEALTH SUPPORT	$210	$200	$0	$200	$200	20
931-0068.02	WHO/INDONESIA(C-1210) FIELD TESTING	$290	$300	$0	$0	$0	
931_0453.	MALARIA IMMUNITY AND VACCINATION-TOTAL	$0	$0	$3,000	$3,000	$3,500	21
931-0453.00	MALARIA IMMUNITY AND VACCINATION-MISC	$4,200	$3,000	$0	$0	$0	21
931-1012.	INTERNATL CTR FOR DIARRHEAL DIS RES	$1,900	$1,900	$1,900	$1,900	$1,900	22
931_1126.	TROPICAL DISEASE RESEARCH	$4,000	$4,000	$2,000	$2,000	$3,000	23
931-1176.	WATER SUPPLY AND SANITATION FOR HEALTH	$2,650	$2,500	$2,500	$2,500	$2,500	24
931_1179.	COMP METHODS OF VECTOR CONTROL	$0	$400	$800	$800	$800	25
931_1180.	MEDEX PHASE III PRIMARY HEALTH CARE	$1,200	$1,200	$0	$0	$0	
936-5900.	ACCELERATED DELIVERY SYSTEMS SUPPORT(HE)	$1,100	$1,000	$800	$800	$800	26
936_5901.	HEALTH DEVELOPMENT PLANNING	$850	$1,000	$1,800	$1,800	$1,800	27
936-5911.	LAMPANG EVALUATION PROJECT	$43	$0	$0	$0	$0	
936_5916.	COMMUNICABLE DISEASE HEALTH INITIATIVE	$1,500	$0	$1,000	$1,000	$1,000	28
936-5920.	OPERATIONS RESEARCH _ HEALTH	$500	$1,000	$1,700	$1,700	$1,700	29
936-5921.	ANTI - SCHISTO DRUG TESTING	$101	$0	$0	$0	$0	
936-5923.	PHC SYSTEMS APPLICATION	$0	$0	$800	$800	$800	30
936_5924.	WATER AND SANITATION TRAINING	$0	$500	$0	$1,000	$1,000	31
936_5926.	SMALLPOX _ POST ERADICATION	$0	$500	$0	$0	$0	
TOTALS FOR HE		$18,544	$17,500	$16,300	$17,500	$19,000	
* * OFFICE TOTAL:		$18,544	$17,500	$16,300	$17,500	$19,000	

PROJECT NUMBER AND TITLE	G L	OBLIG DATE INIT FIN	TOTAL COST AUTH	TOTAL COST PLAN	ESTIMATED U.S. DOLLAR COST ($000) FY 80 PIPE-LINE	FY 1981 OBLIG-ATIONS	FY 1981 EXPEND-ITURES	FY 1982 OBLIG-ATIONS	FY 1982 EXPEND-ITURES	FY 83 AAPL	FY 84 OBLIG	FY 85 OBLIG	FY 86 OBLIG	FY 87 OBLIG	FUT YR OBLIG	ITEM NO
HEALTH																
9310035 TRAINING LDC HEALTH PLANNERS	G	74 80	553	553	161	---	161	---	---	---	---	---	---	---	---	184
9310067 OFFICE OF INTERNATIONAL HEALTH SUPPORT	G	74 84	7932	---	367	210	485	200	200	200	200	200	250	250	---	183
9310068 DEV AN ENVR ACCEPTABLE SUBST FOR DDT	G	76 82	1085	1675	85	290	200	300	200	---	---	---	---	---	---	187
9310453.00 MALARIA IMMUNITY AND VACCINATION	G	75 87	15000	35613	1489	4200	2289	3000	3700	3500	3500	3800	4100	4500	---	186
9311012 INTERNATIONAL CTR FOR DIARRHEAL DIS RSCH	G	79 84	10000	9500	172	1900	1672	1900	1900	1900	1240	---	---	---	---	185
9311015 HEALTH PLANNING SERVICES - JHU	G	77 80	1009	557	260	---	260	---	---	---	---	---	---	---	---	184
9311126 TROPICAL DISEASE RESEARCH	G	78 84	20300	20300	---	4000	4000	4000	4000	3000	3000	---	---	---	---	183
9311176 WATER SUPPLY AND SANITATION FOR HEALTH	G	80 83	9998	24200	2627	2650	3000	2500	2500	2500	2800	3100	3400	3600	---	182
9311179 COMPREHENSIVE METHODS OF VECTOR CONTROL	G	82 86	---	4000	---	---	---	400	300	800	1000	1000	800	---	---	181

PROJECT NUMBER AND TITLE	G/L	OBLIG DATE INIT	OBLIG DATE FIN	TOTAL COST AUTH	TOTAL COST PLAN	ESTIMATED U.S. DOLLAR COST ($000) FY 80 PIPELINE	FY 1981 OBLIGATIONS	FY 1981 EXPENDITURES	FY 1982 OBLIGATIONS	FY 1982 EXPENDITURES	FY 83 AAPL	FY 84 OBLIG	FY 85 OBLIG	FY 86 OBLIG	FY 87 OBLIG	FUT YR OBLIG	ITEM NO
9311180 MEDEX PRIMARY HEALTH CARE PHASE III	G	78	82	5831	5779	954	1200	1195	1200	1200	---	---	---	---	---	---	160
9320632 FERTILITY IMPACT_DIFFERENT FP PROGRAMS	G	72	80	869	869	749	---	300	---	449	---	---	---	---	---	---	128
9365900 ACCELERATED DELIVERY SYSTEMS SUPPORT	G	79	84	5000	6200	1040	1100	1500	1000	1640	800	800	800	1000	1000	---	179
9365901 HEALTH DEVELOPMENT PLANNING	G	81	85	250	8250	---	850	250	1000	1000	1800	2300	2300	---	---	---	178
9365911 LAMPANG EVALUATION PROJECT	G	79	81	443	443	---	43	43	---	---	---	---	---	---	---	---	177
9365916 COMMUNICABLE DISEASE HEALTH INITIATIVE	G	81	83	3000	---	---	1500	250	---	1000	1000	---	---	---	---	---	175
9365920 OPERATIONS RESEARCH-HEALTH	G	81	85	---	9200	---	500	---	1000	1000	1700	3000	3000	---	---	---	172
9365921 ANTI-SCHISTO DRUG TESTING	G	81	81	101	101	---	101	101	---	---	---	---	---	---	---	---	117
9365923 PHC SYSTEMS APPLICATION	G	83	85	---	2400	---	---	---	---	---	800	800	800	---	---	---	338

AID PROGRAM IN FY 1983
ANNUAL BUDGET SUBMISSION
TABLE IV - PROJECT BUDGET DATA

042 - OFC. OF HEALTH

BUREAU FOR DEVELOPMENT SUPPORT

05/22/81

PROJECT NUMBER AND TITLE	G L	OBLIG DATE INIT	OBLIG DATE FIN	TOTAL COST AUTH	TOTAL COST PLAN	ESTIMATED U.S. DOLLAR COST ($000) FY 80 PIPE-LINE	FY 1981 OBLIG-ATIONS	FY 1981 EXPEND-ITURES	FY 1982 OBLIG-ATIONS	FY 1982 EXPEND-ITURES	FY 83 AAPI	FY 84 OBLIG	FY 85 OBLIG	FY 86 OBLIG	FY 87 OBLIG	FUT YR OBLIG	ITEM NO
936-5924 WATER AND SANITATION TRAINING																	
	G	82	87	---	5000	---	---	---	500	---	1000	1000	1000	1000	500	---	427
936-5926 SMALLPOX ERADICATION																	
	G	82	82	---	500	---	---	---	500	500	---	---	---	---	---	---	390
APPROPRIATION TOTAL				81371	135140	7904	18544	15706	17500	19589	19000	19640	16000	10550	9850	---	
OFFICE TOTAL				81371	135140	7904	18544	15706	17500	19589	19000	19640	16000	10550	9850	---	

TABLE V - FY 1983 PROPOSED PROGRAM RANKING
05/15/81

05/15/81

OFFICE 042 DS/HEA

RANK		DECISION PACKAGES/PROGRAM ACTIVITY	TERM/ NEW/ CONT	LOAN/ GRANT	APPROP ACCT.	PROGRAM FUNDING ($000) INCR	CUM	WORKFORCE USDH INCR	CUM	FNDH INCR	CUM	ITEM
		DECISION PACKAGE - MINIMUM										
1	9361484	DS/HEA STAFF REQUIRED TO OPERATE OFFICE		G				252	252			3054
2	9310453	MALARIA IMMUNITY AND VACCINATION-TOTAL	C	G	HE	3000	3000		252			3055
3	9311176	WATER SUPPLY AND SANITATION FOR HEALTH	C	G	HE	2500	5500		252			3056
4	9365901	HEALTH DEVELOPMENT PLANNING	C	G	HE	1800	7300		252			3057
5	9365920	OPERATIONS RESEARCH - HEALTH	C	G	HE	1700	9000	12	264			3058
6	9365923	PHC SYSTEMS APPLICATION	N	G	HE	800	9800		264			3059
7	9365900	ACCELERATED DELIVERY SYSTEMS SUPPORT(HE)	C	G	HE	800	10600	18	282			3060
8	9311012	INTERNATL CTR FOR DIARRHEAL DIS RES	C	G	HE	1900	12500		282			3061
9	9311126	TROPICAL DISEASE RESEARCH	C	G	HE	2000	14500		282			3062
10	9311179	COMP METHODS OF VECTOR CONTROL	C	G	HE	800	15300	21	303			3064
11	9365916	COMMUNICABLE DISEASE HEALTH INITIATIVE	C	G	HE	1000	16300		303			3063
		DECISION PACKAGE - CURRENT (30)										
12	9365924	WATER AND SANITATION TRAINING	C	G	HE	1000	17300	21	324			3065
13	9310067	OFFICE OF INTERNATIONAL HEALTH SUPPORT	C	G	HE	200	17500		324			3066
		DECISION PACKAGE - PROPOSED (50)										
14	9310453	* MALARIA IMMUNITY AND VACCINATION-TOTAL	C	G	HE	500	18000		324			3124
15	9311126	* TROPICAL DISEASE RESEARCH	C	G	HE	1000	19000		324			3122

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: ROYER

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Office of International Health - Support	Health	FY 83 200	LIFE OF PROJECT 6,810

NUMBER 931-0067 GRANT ☒ LOAN ☐	NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 1980 Annex V, Centrally Funded, p. 134	INITIAL OBLIGATION FY 74	ESTIMATED FINAL OBLIGATION FY Continuing	ESTIMATED COMPLETION DATE OF PROJECT FY Continuing

Purpose: To assist LDC governments in program and project development and evaluation, and to increase A.I.D. - Office of International Health (OIH) collaboration on LDC health problems with regard to the OIH role as the official U.S. Government representative to the World Health Organization.

Background and Progress to Date: Through this Resources Support Service Agreement (RSSA) with the Department of Health, and Human Services/ Office of International Health (DHHS/OIH), services have been provided to A.I.D. mission and regional bureaus in support of health development activities. It offers a quick response mechanism to tap technical expertise throughout DHHS, and in the past provided a cadre of A.I.D. supported professional staff within the Office of International Health. Support for long-term staff at OIH will end in FY 81. Only short-term services will be provided in FY 82 and 83.

During the past year, a country health profile was prepared for Surinam. Background documents to be used in development of health strategies for Sub-Sahara Africa and the Middle East were prepared. Professional staff members of the Center for Disease Control, and Indian Health Service, made 12 field visits. The requests which generated these services included evaluation of health projects; prefeasibility studies for health programming; and program/project consultation.

Host Country and Other Donors: None

Beneficiaries: The direct beneficiaries are LDC governments which receive technical assistance on health projects. The indirect but prime beneficiaries are the populations of LDCs, world-wide, which receive assistance.

FY 83 Program: The FY 83 funding will allow A.I.D. to draw upon technical resources from throughout DHHS to provide short-term technical assistance.

Major Outputs

Consultation to bureaus and missions for program and project development	84
Project Assessments and evaluations	70
Health sector assessments	25
Country Health Profiles	70
Special Studies and Seminars	90

A.I.D. Financed Inputs	FY 83
Travel and Transportation	150
Administration	50
TOTAL	200

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980	6,000	5,633	367		Department of Health and Human Services/Office of International Health
Estimated Fiscal Year 1981	210	468		10/80 - 12/81	
Estimated through September 30, 1981	6,210	6,101	100		
Proposed FY 1982	200	250		1/82 - 12/82	
Estimated through Fiscal Year 1982	6,410	6,351	59		
Proposed FY 83	200	Future Year Obligations	Estimated Total Cost	1/83 - 12/83	
		Continuing	Continuing		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: SMITH/ERICKSON

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Malaria Immunity and Vaccine Research	Health	FY 83 3,000		LIFE OF PROJECT 35,613
NUMBER 931-0453 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE None	INITIAL OBLIGATION FY 75	ESTIMATED FINAL OBLIGATION FY 87	ESTIMATED COMPLETION DATE OF PROJECT FY 87

Purpose: To develop and test a practical vaccine for use in the field against the various forms of human malaria.

Background: In recent years, there has been a major resugrence of malaria, particularly in Asia and Central America, mainly due to a build up of drug resistance in the malaria parasites and insecticide resistance in the mosquito vectors. New alternative approaches are needed to supplement previous control methods. The Agency began to support malaria vaccine research in the late 1960's through a project with the University of Illinois. This original project showed that animals could be immunized against malaria. In 1974, an expert group was assembled to develop a strategy for expediting the development of a malaria vaccine. This resulted in expansion of the program and development of a collaborative network of 12 research laboratories working on various aspects of the problem. Shortly after establishment of the network, researchers at Rockefeller University had a dramatic breakthrough in the development of a system to grow malaria parasites outside of an animal. This continuous culture method is now being utilized in virtually every laboratory engaged in research on malaria immunity and vaccination. Its use has been directly responsible for numerous advances. These include the increase in the percentage of parasites in continuous culture from 10-12% to 60-73% accomplished at three laboratories, successful immunization of monkeys against the most lethal human malaria (Plasmodium falciparum) at two laboratories, a demonstration of the protective potential of continuous culture material at two laboratories, development of a semi-automated system for production of parasites in two laboratories, and progress towards development of a better adjuvant (a substance needed to improve performance of antigens in a vaccine) at two laboratories. Recently, several major breakthroughs have occured in the area of purification and characterization of the antigen, the material which promotes immunity. A workshop was held in January 1981 to review progress and update the strategy for continuing research. The information provided by this world wide assembly of experts will allow the program to move more quickly into use of some of the latest scientific developments in the field of vaccine development.

Host Country and Other Donors: None

Beneficiaries: All people in areas where malaria is endemic. Approximately two billion people.

FY 83 Program: To continue the research to develop a vaccine effective against human malaria which can be mass produced on a commercial scale. Activities include testing the immunogenicity of parasites produced in-vitro, purification of antigenic material, increasing the yield of parasite material, culturing different strains and/or species of human malaria in addition to the major killer P. falciparum, and forward planning for required clinical trials of experimentally prepared vaccines.

Major Outputs: The ultimate output of this research program is a commercially available vaccine against the several forms of human malaria. Several intermediate outputs include the in-vitro culturation of malaria parasites, the concentration and synchronization of in-vitro cultures, the development of cell free culture, media, the purification and characterization of antigenic material, development of appropriate adjuvants, animal testing of prepared vaccine to determine effectiveness, and the conduct of appropriate experiments to license the vaccine in the U.S. for production and distribution.

A.I.D. Financed Inputs:	FY 83
Personnel (360 person months)	1,500
Travel	300
Equipment and Supplies	900
Other Direct Costs	300
TOTAL	3,000

Minimum	Current	Proposed
(3,000)	(-0-)	(500)

The output of this project is a safe, effective vaccine against human malaria. The proposed level will allow the program to expand more in the areas of antigen characterization and purification, advanced vaccine trails and standardization of clinical data, all of which will significantly speed up progress of vaccine development and testing.

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980	9,013	7,524	1,489		Uniformed Services Medical School Rockefeller Univ., New York Univ., Univ. of New Mexico, Univ. of Hawaii, Univ of Missouri, Biomedical Research Inst., Michigan State Univ., Scripps Institute
Estimated Fiscal Year 1981	4,200	2,289			
Estimated through September 30, 1981	13,213	9,813	3,400		
Proposed FY 1982	3,000	3,700			
Estimated through Fiscal Year 1982	16,213	13,513	2,700		
Proposed FY 83	3,500	Future Year Obligations	Estimated Total Cost		
		15,900	35,613		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: PEASE

TITLE	FUNDS	PROPOSED OBLIGATION *(In thousands of dollars)*		
International Center for Diarrheal Disease Research (ICDDR/B)	Health	FY 83 1,900	LIFE OF PROJECT 9,500	
NUMBER 931-1012 GRANT ☒ LOAN ☐ NEW ☐ CONTINUING ☒	PRIOR REFERENCE None	INITIAL OBLIGATION FY 79	ESTIMATED FINAL OBLIGATION FY 84	ESTIMATED COMPLETION DATE OF PROJECT FY 85

Purpose: To support the International Center for Diarrheal Diseases Research/Bangladesh (ICDDR/B) in their program of research and training.

Background and Progress to Date: The ICDDR/B was established in June 1979 on the institutional foundation of the Cholera Research Laboratory which had operated in Bangladesh for 18 years. The ICDDR/B is chartered as an independent, international, non-profit institution under the Laws of Bangladesh. It is governed by an international Board of Trustees which has a majority of members from the LDCs, and represents a high level of scientific expertise. U.S. support for the Center has been a major factor in its establishment. The U.S. contribution, although critical, represents a declining proportion of the Center's total budget, as increased funds are made available by other donors. A Director has been appointed for 1980 thru 1983. The Center has a total of approximately 719 full time employees, of whom 402 work in the research areas.

The Center has established Scientific Working Groups to guide the program in each of six areas. Three groups are focussed on diarrheal disease problem areas: Disease Transmission, Post Resistance, and Pathogenesis and Therapy. There are also working groups for the Population Program, Nutrition Program, and the Training, Communication and Extension Program.

The objectives of the Center are to undertake and promote study, research, and dissemination of knowledge about diarrheal diseases and directly related subjects of nutrition and fertility, and to provide training in the Center's areas of competence. The Center's program includes: clinical, laboratory, and field research in technologies for disease prevention and health care, and methods for applying these technologies, training of scientists, technicians, and administrators, collaboration with national and international institutions in LDCs to strengthen capabilities in diarrheal disease control and treatment, assistance to LDC governments in effective application of health care programs.

Host Country and Other Donors: The ICDDR/B's operating budget for 1981 is approximately $5 million. Other donors are: Australia, Bangladesh, Ford Foundation, United Kingdom, Canada, Saudi Arabia, UNFPA, UNDP, and Switzerland.

Beneficiaries: Rural and urban poor in the LDCs who are particularly susceptible to diarrheal disease.

FY 83 Program: A.I.D. will contribute $1.9 million to the ICDDR/B program in FY 1983.

Major Outputs:

Functioning, self sustaining international research facility with trained personnel from both developed and developing countries.
Both long and short-term training programs for LDC scientists and health workers at all levels.

A.I.D. funds are co-mingled with those of other donors and can not be attributed to specific outputs

A.I.D. Financed Inputs:

Grant support for ICDDR/B Program

U.S. FINANCING (In thousands of dollars)				Funding Period	Principal Contractors or Agencies
	Obligations	Expenditures	Unliquidated		
Through September 30, 1980	2,560	2,388	172		International Center for Diarrheal Diseases Research/Bangladesh (ICDDR/B)
Estimated Fiscal Year 1981	1,900	1,672		11/81 - 10/82	
Estimated through September 30, 1981	4,460	4,060	400		
Proposed FY 1982	1,900	1,900		11/82 - 10/83	
Estimated through Fiscal Year 1982	6,360	5,960	400		
Proposed FY 83	1,900	Future Year Obligations	Estimated Total Cost	11/83 - 10/84	
		1,240	9,500		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: BUCK

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Tropical Disease Research (TDR)	Health	FY 83 3,000	LIFE OF PROJECT 20,300	
NUMBER 931-1126 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE None	INITIAL OBLIGATION FY 78	ESTIMATED FINAL OBLIGATION FY 84	ESTIMATED COMPLETION DATE OF PROJECT FY 84

Purpose: To support the World Health Organization's (WHO) Special Program for Research and Training in Tropical Diseases (TDR).

Background and Progress to Date: The TDR is a multidonor effort designed to: (a) find better, more economical methods than those presently available for diagnosis, treatment, prevention, and control of six diseases which are major problems in tropical areas, onchocerciasis, schistosomiasis, malaria, trypanosomiasis, leprosy, and leishmaniasis; (b) create a global network of scientific institutions in both developed and developing countries; and (c) provide substantial support to such institutions through financing of research and training. Funding is available to institutions in both developed and developing countries, but emphasis is placed on strengthening LDC capacities. Parallel efforts on the same diseases are made in bio-medical research, epidemiology, study of socioeconomic factors, vector biology, and control.

The annual review of the TDR program was conducted by an international board in December 1980. Among the accomplishments noted were: TDR is now supporting more than 660 active projects in 66 countries in research development and strengthening research capability; 206 training grants have been awarded to individual scientists; in epidemiology, the first multi-disciplinary longitudinal studies of areas where two or more of the TDR diseases are endemic was begun in Zambia; TDR assisted in planning and designing training and research programs in Malaysia, and carried out an epidemiological pilot study in Papua, New Guinea; several workshops have been held on basic immunology and tropical diseases and four new monographs have been published on related topics; new biological vector control agents have been developed and field tested.

Host Country and Other Donors: The total TDR budget for 1981 is 28 million. Other donors are: UNDP, France, Mexico, Sweden, Nigeria, Netherlands, Finland, Australia, Canada, Norway, Germany, Austria, Denmark, Belgium, United Kingdom, and Sasakawa Fund (Japan), India, Switzerland, and the Rockefeller Foundation.

Beneficiaries: All people in countries or areas where these six diseases are endemic.

FY 83 Program: A.I.D. will contribute $3 million in support of a total TDR program of approximately $32 million for 1983.

Major Outputs (and A.I.D. unit costs): The U.S. contribution, about 9% of the total TDR budget, is co-mingled with other donor funds. Outputs can not be specified and attributed to U.S. funds.

A.I.D. Financed Inputs:	FY 83
Grant contribution	3,000

Minimum	Current	Proposed
(2,000)	(-0-)	(1,000)

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980	6,300	6,300	-0-		
Estimated Fiscal Year 1981	4,000	4,000			
Estimated through September 30, 1981	10,300	10,300	-0-		
Proposed FY 1982	4,000	4,000			
Estimated through Fiscal Year 1982	14,300	14,300	-0-		
Proposed FY 83	3,000	Future Year Obligations	Estimated Total Cost		
		3,000	20,300		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: WEHMAN

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Water and Sanitation for Health (WASH)	Health	FY 83 2,500	LIFE OF PROJECT 24,200
NUMBER 931-1176 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 81 CP Annex V Centrally Funded p.135	INITIAL OBLIGATION FY 80	ESTIMATED FINAL OBLIGATION FY 87 / ESTIMATED COMPLETION DATE OF PROJECT FY 88

Purpose: To develop and provide technical resources to support programs for the improvement of household water supplies and sanitary facilities for the poor people living in less developed countries.

Background and Progress to Date: Diseases related to contaminated water and poor sanitation practices are among the major causes of illness and death in the LDCs. About two thirds of the LDC population do not have adequate access to safe water for domestic use or adequate means for excreta disposal. A large, coordinated infusion of resources from bilateral and multilateral donors and LDC governments will be required to overcome this problem. To assure the best possible utilization of these resources, A.I.D., other donors, and the LDCs will need to call on a wide variety of technical experts in areas ranging from water supply technology to social science. Qualified assistance will have to be readily available to assess problems, design appropriate projects, solve any technical problems which arise during project implementation, and evaluate project results. Qualified people will be needed to design training programs for LDC personnel to plan, install, operate, and maintain water and sanitation facilities. The latest and best information on the state-of-the-art for low cost water and sanitation systems will need to be assembled, continuously updated and disseminated. This project provides the means to tap the large resources of technical knowledge and skill available in the U.S. private sector and the international community to support water and sanitation initiatives of LDCs.

Host Country and Other Donors: The contractor under this project is in continuous contact with other multilateral and bilateral donor agencies to exchange information and coordinate activities.

Beneficiaries: Poor people throughout the developing world, especially those in rural and urban fringe areas who now face health hazards because of inadequate water supplies and sanitation, will benefit.

FY 83 Program: This project will develop methods and guidelines for more effective design, implementation, and evaluation of projects; identify and adapt existing technology or develop new technology where needed; provide for coordinated collection and dissemination of information; develop trained manpower; support studies on the relationship between water supplies and health; and provide expert technical assistance to support country projects.

Major Outputs:

Person Months (PM) of technical assistance for design, implementation, and evaluation of country projects	474
PM of technical assistance for training and curriculum development	58
PM of technical assistance for adaptation, testing, and transfer of appropriate technology devices	115
Appropriate technology devices purchased or manufactured in LDCs and installed for demonstration and testing.	6,000
Special studies on key problem areas	10
Collection, synthesis, and dissemination of information on water supply and sanitation	

A.I.D. Financed Inputs	FY 83
Personnel (160 person months)	1,600
Travel	200
Equipment and Supplies	150
Other Direct Costs	550
TOTAL	2,500

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980	2,650	33	2,627		
Estimated Fiscal Year 1981	2,650	3,327		8/81 - 7/82	Camp, Dresser, McKee
Estimated through September 30, 1981	5,300	3,350	1,950		
Proposed FY 1982	2,500	2,500		8/82 - 7/83	
Estimated through Fiscal Year 1982	7,800	5,850	1,950		
Proposed FY 83	2,500	Future Year Obligations	Estimated Total Cost	8/83 - 7/84	
		13,900	24,200		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: ERICKSON

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Comprehensive Vector Control Methods	Health	FY 83 800	LIFE OF PROJECT 4,000
NUMBER 931-1179 GRANT ☒ LOAN ☐ / NEW ☒ CONTINUING ☐	PRIOR REFERENCE None	INITIAL OBLIGATION FY 82	ESTIMATED FINAL OBLIGATION FY 86 / ESTIMATED COMPLETION DATE OF PROJECT FY 87

Purpose: To develop a model malaria control program integrating a combination of vector control methods in a comprehensive approach to malaria control.

Background and Progress to Date: Recent concerns for the protection of the environment, the unavailability of newer insecticides that are biodegradable, and the increasing evidence that the important malaria vectors are becoming resistant to currently available pesticides, makes it incumbent upon the people concerned with the control of malaria, that new techniques be developed for the comprehensive approach to the control of malaria vectors.

It is becoming evident that one must look to other methods which will accomplish this goal. In the scientific literature of the last two decades, there has been increased interest in the development of what is called "Biological Control". This is the study of the effect of natural predators, parasites, or obligate insect pathogens to reduce pest populations.

In addition, there have been a number of sophisticated studies on insect growth regulators, synthetic insect hormones, synthetic attractants including insect sex lures (i.e., pheromones), that have been used to disrupt normal mating behavior. Further advances includes studies on the use of the sterile insect release method (SIRM) and chromosomal translocations causing sterility. Some of these techniques are self-perpetuating, which eventually result in an equilibrium population level that would reduce the rates of transmission of malaria and spin off applicability of developed methodology in the reduction of other medically important arthopods.

Comprehensive Vector Control would attempt to integrate established methodologies such as source reduction and water management, larviciding, adulticiding with newer approaches outlined above which would reduce our current reliance on residual pesticides. Many of the newer vector control methodologies have already undergone extensive field trials and research and may now be tested in large scale integrated programs under LDC conditions.

The project will be initiated by small activity grants in FY 83 to review, indepth, the subject of mosquito control, and to assess the status of newer methodologies for mosquito control that may be available for limited field trials. The FY 83 program will expand into several workshops to develop criteria for selecting suitable comprehensive vector control methodologies for field demonstration projects under developing country environmental and ecological conditions, and at least one field demonstration project will be initiated.

Host Country and Other Donors: None

Beneficiaries: World-wide - All countries at risk from malaria plus those who travel to such countries. Approximately 2 billion population.

FY 83 Program: A second field demonstration project will be initiated to test a variety of known control techniques, used in a combination designed for the specific setting. Two field research projects will be carried out to test promising new techniques for vector control.

Major Outputs:

Workshop to select appropriate methodologies for specific LDC conditions	4
Field Demonstration Projects	4
Field Research Projects	4

A.I.D. Financed Inputs:

	FY 83
Personnel	300
Travel	150
Equipment and Supplies	150
Other direct costs	200
TOTAL	800

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980					
Estimated Fiscal Year 1981					
Estimated through September 30, 1981					
Proposed FY 1982	400	300		6/82 - 5/83	To be selected
Estimated through Fiscal Year 1982	400	300	100		
Proposed FY 83	800	Future Year Obligations	Estimated Total Cost	6/83 - 5/84	
		2,800	4,000		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: HALADAY (POP) FERGUSON (HEA)

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Accelerated Delivery Systems Support	Health and Population Planning	FY 83 1,800	LIFE OF PROJECT 11,775
NUMBER 936-5900 GRANT ☒ LOAN ☐ NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 1980 Annex V Centrally Funded, p. 109	INITIAL OBLIGATION FY 79	ESTIMATED FINAL OBLIGATION FY 84 / ESTIMATED COMPLETION DATE OF PROJECT FY 85

Purpose: To support and promote planning, development and evaluation of affordable primary health care and family planning delivery systems in LDCs.

Background and Progress to Date: A.I.D. has, for several years, been encouraging integration of family planning services into primary health care systems. This project has incorporated into a single project, the health and population contracts managed by different offices within A.I.D. In order to provide the best possible technical assistance to LDCs in design, implementation, and evaluation of primary health care and family planning delivery projects, A.I.D. needs a focal point for collecting, analyzing and disseminating information, carrying out special studies on particular problems in design of delivery systems, and identifying appropriate experts for quick response to field Missions to solve proolems in project design, evaluation, and implementation. This project, originally programmed through 1982, will be amended and extended for two years.

Host Country and Other Donors: None

Beneficiaries: The people who are receiving health and family planning services through the agencies responsible for health care programs in 70 A.I.D. assisted countries will benefit.

FY 83 Program: Funding will support activities in three major areas: workshops, information collection and dissemination, and technical advisory services. Special emphasis will be placed on resolving critical management problems in primary health care service delivery. Information will be collected from various sources and disseminated throughout the year; four issues of a newsletter will be published; one technical workshop focussed on management will be held; information on ongoing health and family planning projects will be added to the central data bank; and a biennial State-of-the-Art report will be produced. About 3,000 days of expert advisory services will be provided for project planning, design, implementation, and evaluation.

Major Outputs:	
Newsletters-issues (12,000 circ.)	20
Conferences	6
Workshops	8
Consultations (person months)	750
State-of-the-Art review	2
Projects detailed in data bank	120
Special Studies	6
Information Packets	30

A.I.D. Financed Inputs:	FY 83
Personnel (470 person months)	1,400
Travel/transportation	260
Other direct costs	120
Equipment	20
TOTAL	1,800

Functional Accounts:	
Health	800
Population	1,000
TOTAL	1,800

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980	4,275	2,859	1,416		
Estimated Fiscal Year 1981	1,900	2,000		12/81 - 11/82	American Public Health Association (APHA)
Estimated through September 30, 1981	6,175	4,859	1,316		
Proposed FY 1982	2,000	2,000		12/82 - 11/83	
Estimated through Fiscal Year 1982	8,175	6,859	1,316		
Proposed FY 83	1,800	Future Year Obligations	Estimated Total Cost	12/83 - 11/84	
		1,800	11,775		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: LUKAS

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Health Development Planning	Health	FY 83 1,800	LIFE OF PROJECT 8,250
NUMBER 936-5901 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 1981 Annex V, Centrally Funded, p. 137	INITIAL OBLIGATION FY 81	ESTIMATED FINAL OBLIGATION FY 85 / ESTIMATED COMPLETION DATE OF PROJECT FY 86

Purpose: To increase the capacity of LDC personnel leadership to plan, design, manage, and evaluate national health care systems.

Background and Progress to Date: Health planning activities have been undertaken in many LDCs over the last two decades, often with the assistance of the World Health Organization (WHO) central and regional offices and A.I.D.

In support of health sector assistance to countries, A.I.D. has trained LDC personnel in US institutions in the techniques of health planning. This training has improved planning processes in several LDCs, but has not enabled most countries to build a continuing capacity to plan and design health programs as well as manage and evaluate them. As a result, A.I.D. and other donors in the health sector are persuaded that a revised plan of action is necessary. As proposed, A.I.D. and other interested donors will assist US and LDC institutions and organizations to collaborate with LDC governments to institutionalize health planning and management, training, technical assistance, and health services research capabilities in LDCs.

Host Country and Other Donors: Host countries will contribute to the support of students, to operational costs of the LDC institutions, and to the physical improvements of the facilities. To the extent possible, activities will be coordinated with WHO country programs.

Beneficiaries: LDC ministries of health, finance, and planning, and LDC policy leadership, whose planning, management, and evaluation capabilities will be strengthened, and through this the population (especially currently underserved segments of the population) of developing countries.

FY 83 Program: Two US organizations will continue to provide assistance to their LDC counterpart institutions to strengthen capabilities in training, technical assistance, and operations research. Training courses will continue in each institution. Work will continue on the initial operations research projects, and technical assistance services will be provided to ministries as required.

Major Outputs

Educational Materials	
LDC faculty members trained and operating programs	6
Person months (PM) of U.S. technical assistance to LDC institutions	200
PM of technical assistance provided by LDC training institutions to LDC governments	50
Country program evaluation and operations research studies	20
LDC planners and managers trained	300

A.I.D. Financed Inputs:	FY 83
Personnel (72 person months)	850
Travel	450
Other direct costs	500
TOTAL	1,800

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980					To be selected
Estimated Fiscal Year 1981	850	250		3/81 - 8/82	
Estimated through September 30, 1981	850	250	600		
Proposed FY 1982	1,000	1,000		3/82 - 2/83	
Estimated through Fiscal Year 1982	1,850	1,250	600		
Proposed FY 83	1,800	Future Year Obligations	Estimated Total Cost	3/83 - 2/84	
		4,600	8,250		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: PEASE

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Communicable Disease Health Initiative	Health	FY 83 1,000	LIFE OF PROJECT 3,000

NUMBER 936-5916 GRANT ☒ LOAN ☐	NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 81 Annex V Centrally Funded Programs p. 142	INITIAL OBLIGATION FY 81	ESTIMATED FINAL OBLIGATION FY 83	ESTIMATED COMPLETION DATE OF PROJECT FY 84

Purpose: To assist ministries of health to strengthen their national health delivery systems by decreasing morbidity and mortality from major communicable diseases. This three year project will complement two other major initiatives in the field of international health: Health for All by the Year 2000 and Technical Cooperation between Developing Countries. The project will emphasize the development of local competence and institutions in control of communicable diseases. As an integral part of primary health care A.I.D., and the Center for Disease Control (CDC), in cooperation with other international agencies and host governments will develop coordinated programs in selected countries for:

- Epidemiologic analysis and surveillance of major disease problems.
- Disease control programs, on country by country basis, according to individual country priorities, for:
  - (a) Immunizable Diseases-In coordination with the WHO Expanded Immunization Program (EPI)
  - (b) Diarrheal Diseases - In coordination with WHO and ICDDR/B
  - (c) Malaria and other vector borne diseases - Support, as appropriate, of malaria control programs consistent with A.I.D. policies.
  - (d) Possible support of other selected diseases on a case by case basis in response to A.I.D. and country development priorities.
- Improving LDC national disease control capabilities including national epidemiologic investigative services.

Background and Progress to Date: A.I.D. has worked extensively with CDC in the past including the malaria and smallpox eradication programs. Currently there are five intergovernmental agreements with CDC.

An impact assessment and evaluation of the project will be conducted in February 1983 by A.I.D. using baseline data collected as the project begins work in each country. The evaluation will focus on changes of morbidity and mortality data from the specific diseases, training and institutional development, and establishment of health information systems.

Beneficiaries: People living under the threat of diseases in developing countries.

FY 1983 Program: Various components of the project will become operational in the areas outlined under purpose.

Major Outputs:

LDC persons trained as epidemiologists	8
LDC Health ministries which have functioning units with capacity to assess and respond to health problems in the country	3
Improved national health information systems based on epidemiologic surveys	3
LDCs in which strengthened and expanded national primary health care systems have reduced morbidity and mortality from:	
Immunizable diseases	8
Diarrheal diseases	4
Malaria	4

A.I.D. Financed Inputs:	FY 83
Personnel (82 person-months)	800
Travel	100
Administrative costs	100
TOTAL	1,000

U.S. FINANCING (In thousands of dollars)				Funding Period	Principal Contractors or Agencies
	Obligations	Expenditures	Unliquidated		
Through September 30, 1980					Center for Disease Control (CDC)
Estimated Fiscal Year 1981	1,500	250		7/81 - 12/81	
Estimated through September 30, 1981	1,500	250	1,250		
Proposed FY 1982	-0-	1,000		1/82 - 12/83	
Estimated through Fiscal Year 1982	1,500	1,250	250		
Proposed FY 83	1,000	Future Year Obligations	Estimated Total Cost	1/84 - 12/84	
		-0-	3,000		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: LUKAS

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Operations Research - Health	Health	FY 83 1,700		LIFE OF PROJECT 9,200
NUMBER 936-5920 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE None	INITIAL OBLIGATION FY81	ESTIMATED FINAL OBLIGATION FY 85	ESTIMATED COMPLETION DATE OF PROJECT FY 86

Purpose: To improve the effectiveness of health programming and allocation of health resources by donors and LDCs for health delivery systems.

Background and Progress to Date: Concern of donor agencies and LDC governments about health problems and the delivery of health services to unserved or underserved LDC populations has been increasing. A variety of new projects have been launched in many countries in attempts to address this problem. These projects have introduced new delivery mechanisms and new types of health workers into a diversity of social, political, and institutional milieus. Evaluation of various approaches and the responses of target populations to these efforts have not been systematically developed to learn from the number of national experiments underway. Policy makers are confronted by choices in the health area which become increasingly critical as budget constraints tighten. They are seeking answers about alternative financing mechanisms, the cost-effectiveness of alternative delivery mechanisms, management procedures, and referral structures. This project is designed to produce information and analysis on which policy and programmatic decisions can be made.

This project will support selected studies which address A.I.D. identified policy and programmatic questions and investigate relevant health care delivery issues. Examples of delivery system issues which may be addressed are: alternative patient/community/host government financing mechanisms, health service mix, clinic/outreach systems, traditional/modern systems mix, single/multiple purpose workers, centralized/decentralized administration, and the impacts on health of non-health sectors. The purpose of the project is not to initiate or implement model demonstration delivery systems, but rather to build operations research analysis onto existing activities where appropriate lessons can be learned. All proposals will receive scientific and technical review by experienced, capable experts. Multiple methods will be used to disseminate research findings (e.g. publications, scholarly articles, and seminars).

Host Countries and Other Donors: Host countries will contribute towards training, local salary costs, facilities, provision of data, and additional in-kind assistance. Other donors, where there are interests, may provide funding for related research activities.

Beneficiaries: Host country officials will benefit by having new and better information about the effects of alternative programs to improve the delivery of health services and/or improve the health of people via non-health interventions. LDC research and evaluation capability will be strengthened. The ultimate beneficiaries will be the recepients of improved health services throughout the LDCs.

FY 83 Program Activity: A panel of AID/W health staff, contractor staff, and outside experts, as required, will define priority issues of competitive solicitation, review proposals for technical merit and policy relevance. Three country studies, begun in FY 1982 will continue, seven new country studies, and two methodological studies will be initiated. One workshop and one conference for information dissemination will be conducted.

Major Outputs:
Methodological Studies
Country Studies
Information workshop and seminars

A.I.D. Financed Inputs:	FY 83
Personnel: technical and support staff and consultants	450
Travel and other costs associated with technical assistance	100
Support for studies	1,150
TOTAL	1,700

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980					
Estimated Fiscal Year 1981	500	-0-		9/81 - 3/82	
Estimated through September 30, 1981	500	-0-	500		
Proposed FY 1982	1,000	1,000		4/82 - 3/83	To be selected
Estimated through Fiscal Year 1982	1,500	1,000	500		
Proposed FY 83	1,700	Future Year Obligations	Estimated Total Cost	4/83 - 3/84	
		6,000	9,200		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: TINKER

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
PHC Systems Application	Health	FY 83 800	LIFE OF PROJECT 2,400	
NUMBER 936-5923 GRANT ☒ LOAN ☐ / NEW ☒ CONTINUING ☐	PRIOR REFERENCE None	INITIAL OBLIGATION FY 83	ESTIMATED FINAL OBLIGATION FY 85	ESTIMATED COMPLETION DATE OF PROJECT FY 86

Purpose: To provide orientation, training, and technical assistance to less developed countries (LDC's), A.I.D., other donors, and private and public agencies in the adaptation and utilization of low cost village-oriented primary health care technology developed under the MEDEX Phase III contract. Also, to continue evaluation of the utilization of this technology, to further refine it, and produce updated versions of materials for general distribution.

Background and Progress to Date: Low cost primary health care (PHC) technology was developed, field tested, and validated under the MEDEX PHASE III contract. This technology is a comprehensive, flexible approach for the development, implementation, and institutionalization of Primary Health Care. It consists of prototype training, as well as, systems materials, process methodology, and specific guidelines for adaptating and utilizing the material in individual LDC's. It builds on existing systems and resources, promotes effective and efficient resource utilization, and establishes permanent manpower and support systems and institutions for ongoing improvement of PHC services. It aims at rapid impact on the health system, and at the development of national self-sufficiency in PHC service delivery, including planning, management, and evaluation. It encourages appropriate regional use and exchange of PHC technology and information through international cooperation among countries, donors, and international technical assistance agencies.

Host Country and Other Donors: The World Health Organization (WHO) has expressed interest in collaborating on this approach to PHC. A network of countries using the MEDEX approach to PHC and institutions involved in its implementation will provide a broad information base for collection and dissemination of information on effectiveness of the system's approach to PHC services. It is expected that other donors will become active participants as host governments adopt this design as a part of a national plan for health services delivery.

Beneficiaries: Primary beneficiaries are the LDC populations. Secondary beneficiaries are LDC private and public institutions involved in the provision of PHC.

FY 83 Program: Orientation and training on adaptation and utilization of low cost PHC technology via short courses in LDC's will be provided for host country officials (public and private sector), A.I.D. mission officials, A.I.D. contractors, PVO's, and officials of other donor and technical assistance agencies.

Technical assistance will be provided to LDC's to adopt low cost PHC technology.

Short term orientation and longer term participant training at a U.S. institution on PHC concepts and principles, including the adaptation and utilization of low cost PHC technology, is planned for host country officials (public and private sector), A.I.D. officials (central, regional, and other), officials of other donor and technical assistance agencies.

Evaluation of low cost PHC technology will continue for purposes of obtaining continuing evaluation feedback to update and further refine technology and training materials.

Special applied research will be undertaken on specific aspects of PHC development and operations identified by A.I.D. missions.

Major Outputs:

PHC Training Courses (in LDC)	9
Technical assistance to LDC's	30
Short-term and long-term PHC training at U.S. institutions	30
Evaluation of PHC technology for refining and updating training methodology	24
Applied research on PHC development interventions	12

A.I.D. Financed Inputs:

	FY 83
Personnel Costs	600
Travel and Per Diem	140
Other Direct Costs	60
TOTAL	800

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980					To be selected
Estimated Fiscal Year 1981					
Estimated through September 30, 1981					
Proposed FY 1982					
Estimated through Fiscal Year 1982					
Proposed FY 83	800	Future Year Obligations 1,600	Estimated Total Cost 2,400		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: AUSTIN

TITLE	FUNDS	PROPOSED OBLIGATION *(In thousands of dollars)*	
Water and Sanitation Training	Health	FY 83 1,000	LIFE OF PROJECT 5,000

NUMBER 936-5924 GRANT ☒ LOAN ☐	NEW ☒ CONTINUING ☐	PRIOR REFERENCE	INITIAL OBLIGATION FY 83	ESTIMATED FINAL OBLIGATION FY 87	ESTIMATED COMPLETION DATE OF PROJECT FY 88
		None			

Purpose: To provide LDCs will an effective and self-sustaining methodology for developing the manpower and training resources for their water supply and sanitation programs.

Background: Developing country governments and donor organizations have had a continuing interest in the manpower development aspects of water supply and sanitation projects over the years. Although individual projects have addressed the problem, inadequate numbers and skills of water supply and sanitation managers, technicians, and operators remain a major constraint in the sector. Many organizations are seeking economy in design and delivery of manpower development and training programs. Cost-effectiveness can be enhanced by pooling of efforts and sharing in a systematic approach. This project is designed to develop and implement procedures to assist LDC governments in developing and maintaining the manpower to administer and maintain water supply and sanitation programs in their countries. This will include personnel working at the national and provincial levels as well as at the village and community levels. In particular, training is called for in management, technical skills, training techniques, operation, maintenance and administrative skills in water and sanitation.

Host Country and Other Donors: A.I.D. and the contractors will be in continuous contact with other multilateral and bilateral donor agencies to coordinate activities and exchange information. Host countries will supply in kind support for many of the activities.

Beneficiaries: The primary beneficiaries would be the billions of rural poor who would obtain improved water supply and sanitation services resulting from the increased skills, knowledge, and practice of sector personnel in local, regional, national, international, and NGO organizations involved in manpower development and training activities.

FY 83 Program: In FY 83 the project will develop methods and guidelines for manpower needs assessments, produce training materials and conduct workshops to assist LDC officials in developing the required skills and knowledge. Procedures will be developed for training personnel in third world countries in task analyses and development of job descriptions. Training delivery systems will be developed.

Major Outputs

Country Manpower Needs Assessments	20
Development of Job Descriptions and Task Analysis for specific countries	20
Assessment of country training resources	40
Training Workshops	50
Information collection, synthesis, and dissemination	

A.I.D. Financed Inputs	FY 83
Personnel (72 person months)	450
Travel	150
Other direct costs	400
TOTAL	1,000

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1980					To be selected
Estimated Fiscal Year 1981					
Estimated through September 30, 1981					
Proposed FY 1982	500	-0-			
Estimated through Fiscal Year 1982	500	-0-	--		
Proposed FY 83	1,000	Future Year Obligations	Estimated Total Cost	11/82 - 10/83	
		3,500	5,000		

DS/HEA CONTRACT FIELD SUPPORT
($000)

Project Number	Project Title	FY 81 Total Cost	FY 81 Field Support $	FY 81 Field Support PMs	FY 82 Total Cost	FY 82 Field Support $	FY 82 Field Support PMs	FY 83 Minimum Total Cost	FY 83 Minimum Field Support $	FY 83 Minimum Field Support PMS	FY 83 Current Total Cost	FY 83 Current Field Support $	FY 83 Current Field Support PMs	FY 83 Proposed Total Cost	FY 83 Proposed Field Support $	FY 83 Proposed Field Support PMs
931-0067.	Office of International Health	210	150	18	200	150	18	-0-			200	150	18	200	150	18
931-0068.02	WHO/Indonesia (C-1210) Field Testing	290	-0-		300	-0-		-0-	-0-		-0-	-0-		-0-	-0-	
931-0453.	Malaria Immunity and Vaccination	4,200	-0-		3,000	-0-		3,000	-0-		3,000	-0-		3,500	-0-	
931-1012.	International Center for Diarrheal Disease Research	1,900	-0-		1,900	-0-		1,900	-0-		1,900	-0-		1,900	-0-	
931-1126.	Tropical Disease Research	4,000	-0-		4,000	-0-		2,000	-0-		2,000	-0-		3,000	-0-	
931-1176.	Water Supply and Sanitation for Health	2,650	1,800	350	2,500	1,800	350	2,500	1,800	350	2,500	1,800	350	2,500	1,800	350
931-1179.	Comp. Methods of Vector Control	-0-	-0-		400	-0-		800	-0-		800	-0-		800	-0-	
931-1180.	MEDEX Phase III Primary Health Care	1,200	300	35	1,200	300	35	-0-	-0-		-0-	-0-		-0-	-0-	
936-5900.	Accelerated Delivery Systems Support	1,100	840	160	1,000	800	59	800	600	43	800	600	43	800	600	43
936-5901.	Health Development Planning	850	-0-		1,000	-0-		1,800	-0-		1,800	-0-		1,800	-0-	
936-5911.	Lampang Evaluation Project	43	-0-		-0-			-0-			-0-			-0-		
936-5916.	Communicable Disease Health Initiative	1,500	800	80	-0-			1,000	600	60	1,000	600	60	1,000	600	60
936-5920.	Operations Research - Health	500	50	5	1,000	100	8	1,000	100	8	1,000	100	8	1,000	100	8
936-5921.	Anti-Schisto Drug Testing	101	-0-		-0-			-0-			-0-			-0-		
936-5923.	PHC Systems Application	-0-			-0-			800	400	35	800	400	35	800	400	35
936-5924.	Water and Sanitation Training	-0-			500	200	17	-0-	-0-		1,000	500	40	1,000	500	40
936-5926.	Smallpox - Post Eradication	-0-			500	-0-		-0-			-0-			-0-		
TOTALS FOR HEALTH		18,544	3,940	548	17,500	3,350	487	16,300	3,500	496	17,500	4,150	554	19,000	4,150	554

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 81 THRU 83

05/15/81

NEAR EAST

COUNTRY: EGYPT

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
MEDEX PRIMARY HEALTH CARE SYSTEMS																
931_1180.01		B	1	0	1	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			1	0	1	0		0	0	0	0		0	0	0	0
TOTAL FOR REGION:			1	0	1	0		0	0	0	0		0	0	0	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 81 THRU 83

05/15/81

SOUTH ASIA

COUNTRY: INDIA

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
936-5900.	ACCELERATED DELIVERY SYSTEMS SUPPORT(HE)	P	50	0	3	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			50	0	3	0		0	0	0	0		0	0	0	0

COUNTRY: BANGLADESH

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
931_1126.	TROPICAL DISEASE RESEARCH	A	1900	0	1	0	A	1900	0	1	0	A	1900	0	1	0
COUNTRY TOTAL:			1900	0	1	0		1900	0	1	0		1900	0	1	0

COUNTRY: PAKISTAN

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
931-1180.01	MEDEX PRIMARY HEALTH CARE SYSTEMS	A	1	0	6	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			1	0	6	0		0	0	0	0		0	0	0	0
TOTAL FOR REGION:			1951	0	10	0		1900	0	1	0		1900	0	1	0

A - ACTIVE B - PENDING MISSION APPROVAL

EAST ASIA

COUNTRY: THAILAND

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
LAMPANG EVALUATION PROJECT 936-5911.		A	400	2	2	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			400	2	2	0		0	0	0	0		0	0	0	0

COUNTRY: INDONESIA

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
ENVIRON.ACCEPTABLE ALTERNATIVES DDT. 931-0068.		A	200	2	1	0	A	300	2	1	0		0	0	0	0
HEALTH DEVELOPMENT PLANNING 936-5901.		A	50	0	4	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			250	2	5	0		300	2	1	0		0	0	0	0
TOTAL FOR REGION:			650	4	7	0		300	2	1	0		0	0	0	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 81 THRU 83

05/15/81

LATIN AMERICA

COUNTRY: GUYANA

PROJECT	TITLE	FY 1981 STA TUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STA TUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STA TUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
MEDEX PRIMARY HEALTH CARE SYSTEMS 931-1180.01		A	5	0	5	0	A	6	0	6	0		0	0	0	0
COUNTRY TOTAL:			5	0	5	0		6	0	6	0		0	0	0	0

COUNTRY: COLOMBIA

PROJECT	TITLE	FY 1981 STA TUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STA TUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STA TUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
MALARIA IMMUNITY AND VACCINATION-TOTAL 931-0453.		A	129	0	4	0	B	137	0	1	0	B	140	0	2	0
COUNTRY TOTAL:			129	0	4	0		137	0	1	0		140	0	2	0

COUNTRY: COSTA RICA

PROJECT	TITLE	FY 1981 STA TUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STA TUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STA TUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
HEALTH DEVELOPMENT PLANNING 936-5901.		A	50	0	4	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			50	0	4	0		0	0	0	0		0	0	0	0

COUNTRY: JAMAICA

PROJECT	TITLE	FY 1981 STA TUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STA TUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STA TUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															

A - ACTIVE B - PENDING MISSION APPROVAL

		FY 1981				FY 1982				FY 1983			
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
LATIN AMERICA															
HEALTH DEVELOPMENT PLANNING															
936-5901.	A	50	0	6	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:		50	0	6	0		0	0	0	0		0	0	0	0
COUNTRY: OTHER WEST INDIES_EASTERN CARIBBEAN REG.															
DS/HEA															
ACCELERATED DELIVERY SYSTEMS SUPPORT(HE)															
936-5900.	P	50	0	4	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:		50	0	4	0		0	0	0	0		0	0	0	0
TOTAL FOR REGION:		284	0	23	0		143	0	7	0		140	0	2	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 81 THRU 83

05/15/81

AFRICA

COUNTRY: MOROCCO

PROJECT	TITLE	FY 1981 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1982 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1983 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	DS/HEA															
MEDEX PRIMARY HEALTH CARE SYSTEMS 931-1180.01			0	0	0	0	B	2	0	2	0		0	0	0	0
COUNTRY TOTAL:			0	0	0	0		2	0	2	0		0	0	0	0

COUNTRY: ZIMBABWE

PROJECT	TITLE	FY 1981 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1982 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1983 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	DS/HEA															
MEDEX PRIMARY HEALTH CARE SYSTEMS 931-1180.01			0	0	0	0	B	2	0	2	0		0	0	0	0
COUNTRY TOTAL:			0	0	0	0		2	0	2	0		0	0	0	0

COUNTRY: TANZANIA

PROJECT	TITLE	FY 1981 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1982 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1983 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	DS/HEA															
MEDEX PRIMARY HEALTH CARE SYSTEMS 931-1180.01		B	2	0	2	0	B	4	0	4	0		0	0	0	0
COUNTRY TOTAL:			2	0	2	0		4	0	4	0		0	0	0	0

COUNTRY: REDSO/WA

PROJECT	TITLE	FY 1981 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1982 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	FY 1983 STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	DS/HEA															

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 81 THRU 83

05/15/81

AFRICA

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
ACCELERATED DELIVERY SYSTEMS SUPPORT(HE)																
936-5900.		P	50	0	2	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			50	0	2	0		0	0	0	0		0	0	0	0

COUNTRY: CAMEROON

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
MEDEX PRIMARY HEALTH CARE SYSTEMS																
931-1180.01		B	4	0	4	0	B	3	0	3	0		0	0	0	0
COUNTRY TOTAL:			4	0	4	0		3	0	3	0		0	0	0	0

COUNTRY: LESOTHO

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
MEDEX PRIMARY HEALTH CARE SYSTEMS																
931-1180.01		A	6	0	6	0	A	6	0	6	0		0	0	0	0
COUNTRY TOTAL:			6	0	6	0		6	0	6	0		0	0	0	0

COUNTRY: GAMBIA, THE

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
MEDEX PRIMARY HEALTH CARE SYSTEMS																
931-1180.01		B	2	0	2	0	B	1	0	1	0		0	0	0	0
COUNTRY TOTAL:			2	0	2	0		1	0	1	0		0	0	0	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 81 THRU 83

05/15/81

AFRICA

COUNTRY: SOMALIA

PROJECT	TITLE	FY 1981 STA TUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STA TUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STA TUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
MEDEX PRIMARY HEALTH CARE SYSTEMS																
931-1180.01			0	0	0	0	B	2	0	2	0		0	0	0	0
COUNTRY TOTAL:			0	0	0	0		2	0	2	0		0	0	0	0

COUNTRY: SUDAN

PROJECT	TITLE	FY 1981 STA TUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STA TUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STA TUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
MEDEX PRIMARY HEALTH CARE SYSTEMS																
931-1180.01		B	0	2	2	0		0	0	0	0		0	0	0	0
HEALTH DEVELOPMENT PLANNING																
936-5901.		A	50	0	4	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			50	2	6	0		0	0	0	0		0	0	0	0

COUNTRY: TUNISIA

PROJECT	TITLE	FY 1981 STA TUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STA TUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STA TUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
ACCELERATED DELIVERY SYSTEMS SUPPORT(HE)																
936-5900.		P	50	0	4	0		0	0	0	0		0	0	0	0
HEALTH DEVELOPMENT PLANNING																
936-5901.		A	50	0	5	0		0	0	0	0		0	0	0	0
COUNTRY TOTAL:			100	0	9	0		0	0	0	0		0	0	0	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 81 THRU 83

05/15/81

AFRICA

COUNTRY: LIBERIA

PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
DS/HEA																
MEDEX PRIMARY HEALTH CARE SYSTEMS																
931-1180.01		B	0	0	0	0	B	4	0	4	0		0	0	0	0
COUNTRY TOTAL:			0	0	0	0		4	0	4	0		0	0	0	0
TOTAL FOR REGION:			214	2	31	0		24	0	24	0		0	0	0	0

A - ACTIVE B - PENDING MISSION APPROVAL

PROJECT SERVICES AT MISSION OR BUREAU REQUEST

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PROJECT	TITLE	FY 1981 STATUS	FY 1981 AMT ($000)	FY 1981 STAF	FY 1981 #OF TDYS	FY 1981 #OF PTP	FY 1982 STATUS	FY 1982 AMT ($000)	FY 1982 STAF	FY 1982 #OF TDYS	FY 1982 #OF PTP	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP
	DS/HEA															
TRAINING LDC HEALTH PLANNERS 931_0035.																
OFFICE OF INTERNATIONAL HEALTH SUPPORT 931_0067.																
UTILIZATION & EVALUATION OF HANDPUMP 931_0079.																
HEALTH PLANNING SERVICES - JHU 931_1015.																
WATER SUPPLY AND SANITATION FOR HEALTH 931_1176.																
ACCELERATED DELIVERY SYSTEMS SUPPORT(HE) 936_5900.																
COMMUNICABLE DISEASE HEALTH INITIATIVE 936_5916.																
OPERATIONS RESEARCH - HEALTH 936_5920.		A														
PHC SYSTEMS APPLICATION 936-5923.		A														
WATER AND SANITATION TRAINING 936-5924.		A														
COUNTRY TOTAL:																
TOTAL FOR REGION:																
OVERALL TOTAL:			3100	6	72	0		2367	2	33	0		2040	0	3	0

A - ACTIVE B - PENDING MISSION APPROVAL